

Pelvic Inflammatory Disease (PID) and Verified Contact to PID Treatment

Preliminary Standing Order Template

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead and obtain Medical Director signature. Standing order is reviewed for required revisions and signed by Medical Director at least annually. Standing order must include the effective start date and the expiration date.

Background

Pelvic Inflammatory Disease (PID) comprises a spectrum of inflammatory disorders of the upper female genital tract. Acute PID is difficult to diagnose due to the wide variation in symptoms and signs associated with the condition. Because of difficulty in diagnosing PID and the potential for damage to the reproductive health of women when left untreated, health care providers should maintain a low threshold for the diagnosis of PID.

A STD ERRN cannot diagnose PID. If the STD ERRN identifies symptoms suggestive of PID during the medical history (see subjective findings below) and/or signs suggestive of PID during the examination (cervical motion tenderness on speculum or bimanual examination, uterine tenderness during bi-manual exam, or adnexal tenderness during bi-manual exam) they should consult with a medical provider during that same clinic visit.

If the client is pregnant or pregnancy status is unknown and PID is suspected, the ERRN should immediately consult with a medical provider prior to performing the physical exam.

General expectation for physical assessment of all clients seen in a STI clinic

It is expected that all clients presenting with symptoms of any STI receive a physical examination and appropriate STI testing. It is strongly recommended that all asymptomatic clients and verified contacts to a STI receive a physical examination and appropriate STI testing.

Assessment

Subjective Findings*

Client reports one or more of the following:

- lower abdominal pain
- pelvic pain
- abnormal vaginal discharge
- fever (oral temperature $>101^{\circ}\text{F}$)
- abnormal vaginal bleeding
- dyspareunia
- asymptomatic

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

Objective Findings

1. Physician or Advanced Practice Provider diagnosis of PID documented in the client clinical record.

Verified Criteria

The STD ERRN or RN must assess, document and verify at least one of the three findings below before implementing treatment for an asymptomatic contact with exposure within the preceding 60 days (or if the woman's last sexual intercourse was greater than 60 days before the onset of symptoms or diagnosis, the most recent sex partner).

1. client presents with a state or county issued partner referral card, or
2. client provides name of sexual partner and public health nurse confidentially verifies diagnosis of named sexual partner in NCEDSS, county health department electronic medical record, or by calling the medical provider of named partner (index case), or
3. medical provider or Disease Intervention Specialist (DIS) refers client

Plan of Care

Precautions and Contraindications

Before implementing this Standing Order:

1. Review “Criteria for Notifying the Medical Provider” under Nursing Actions Part F. If client meets any of those criteria, immediately consult with an agency medical provider for orders on how to proceed.
2. If client reports a drug allergy for the medication provided in the standing order, inquire about and document the type of reaction(s) the client has experienced before consulting with medical provider

Implementation

A. PID:

A registered nurse employed or contracted by the local health department may administer and dispense treatment for PID by standing order, after the medical provider records a diagnosis of PID in the medical record, for clients not allergic to cephalosporins, doxycycline or metronidazole.

1. For nonpregnant clients weighing ≥45 kg and <150 kg:

Ceftriaxone 500 mg IM in a single dose

PLUS

Doxycycline 100 mg PO BID X 14 days

PLUS

Metronidazole 500 mg PO BID X 14 days

2. For nonpregnant clients weighing ≥150 kg:

Ceftriaxone 1 gram IM in a single dose

PLUS

Doxycycline 100 mg PO BID X 14 days

PLUS

Metronidazole 500 mg PO BID X 14 days

B. Verified Contact to PID:

A registered nurse employed or contracted by the local health department may administer and dispense treatment by standing order when the presenting client is a verified contact to PID (see criteria above) and is not allergic to cephalosporins or doxycycline.

1. For nonpregnant contacts weighing ≥45 kg and <150 kg:

Ceftriaxone 500 mg IM in a single dose

PLUS

Doxycycline 100 mg PO BID X 14 days

2. For nonpregnant contacts weighing ≥150 kg:

Ceftriaxone 1 gram IM in a single dose

PLUS

Doxycycline 100 mg PO BID X 14 days

Nursing Actions

A. Provide:

1. information about the physical examination findings and any diagnosis, both verbally and in written form.
2. review the ordered laboratory tests and instructions for obtaining laboratory test results.
3. client-centered STI education, both verbally and in written form.
4. condoms and literature about risk reduction behavior.
5. education about the relationship between the presence of one STI and increased risk of HIV acquisition

B. Advise the client to:

1. abstain from sexual intercourse with any new or unexposed partners until 7 days after client has completed medication regimen
 2. abstain from sexual intercourse with current and/or exposed partners until 7 days after both the client and partner(s) have completed medication regimen
 3. consistently and correctly use disease prevention barrier methods (e.g. condoms, dental dams).
 4. notify sex partner(s) of need for assessment and treatment to prevent further spread of infection using a partner notification card or by sending an anonymous notification using NCSD website: TellYourPartner.org [NCSD (ncsddc.org)]
 5. use back-up contraception during treatment regimen and for seven days after completion of regimen for female clients who take oral contraceptives
 6. clean and disinfect diaphragm after use per manufacturer instructions or agency protocol, if this is the client's method of birth control
 7. clean and cover sex toys after use, if applicable, per manufacturer instructions or agency protocol
 8. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months)
- C. Counsel the client regarding the prescribed medication:
1. inquire about and document any type of reaction(s) the client has experienced in the past when taking the medication
 2. advise client that they may experience side effects such as metallic taste, nausea, vomiting, cramps, diarrhea or soreness at the injection site
 3. caution female clients not to get pregnant while taking Doxycycline or Metronidazole
 4. review client history regarding alcohol usage and Metronidazole and recommend
 - delaying the start of treatment until at least 24 hours after last alcoholic beverage
 - refraining from alcohol use during treatment with Metronidazole, and
 - refraining from alcohol use for 24 hours after the last dose of Metronidazole
 - advise client that due to lower concentrations of Metronidazole in breastmilk, when receiving 500mg BID, the breastfeeding client **DOES NOT** have to discard breast milk while taking Metronidazole
 5. reinforce counseling by providing client with appropriate medication teaching information in writing
- D. Additional Instructions for client
1. contact LHD for further instructions if symptoms persist, worsen, or reappear within 48 hours after treatment. Seek urgent or emergency care if outside of LHD business hours.
 2. contact LHD for further instructions if unable to tolerate the daily oral medication(s).
 3. contact LHD immediately if client develops an oral temperature $\geq 101^{\circ}$ F. Seek urgent or emergency care if outside of LHD business hours.
 4. seek urgent or emergency care if abdominal pain develops or worsens.
- E. Criteria for Notifying the Medical Provider
1. consult with the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing order
 2. if client has IUD, close medical follow-up is recommended; ask the medical provider when they would like the client to return
 3. client report of acute abdominal tenderness
 4. rebound tenderness on exam
 5. adnexal tenderness on exam
 6. cervical motion tenderness on exam
 7. sustained cervical bleeding on exam
 8. oral temperature $\geq 101^{\circ}$ F
 9. ANY reported vaginal spotting/bleeding by a pregnant client
 10. nausea and/or vomiting
 11. pregnancy or suspected pregnancy
- F. Follow-up requirements:
1. report PID in the NC Electronic Disease Surveillance System (NC EDSS) and enter all negative and positive laboratory results and treatment information

2. if client tests positive for Chlamydia and/or Gonorrhea, report one or both in NC EDSS as separate disease events in addition to PID report
3. client who was treated for PID, with a positive lab result of any pathogen, should be rescreened upon any encounter at 3 months after treatment

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____
Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)